

BEST AVAILABLE COPY
 ISSUE SLIP STAMP AREA (for optional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PAY	6784	8/31/95
O.I.P.E. CLASSIFIER		48	9/2/95
FORMALITY REVIEW	YI...YI.. 71151		9-9-99

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) ... Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Original	Date
1	✓	9/25/94
2	✓	9/26/94
3	✓	9/26/94
4	✓	9/26/94
5	✓	9/26/94
6	✓	9/26/94
7	✓	9/26/94
8	✓	9/26/94
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45	✓	9/26/94
46	✓	9/26/94
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48	✓	9/26/94
49	✓	9/26/94
50	✓	9/26/94

Claim	Original	Date
51	✓	9/26/94
52	✓	9/26/94
53	✓	9/26/94
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Claim	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here